

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

35402

**1. PLACE OF DEATH**

105 County *Sullivan*  
5 Township *Wilton*  
2 City *Wilton* (No. *1*)

Registration District No. *8521*  
Primary Registration District No. *4518*

File No. ....  
Registered No. .... (Ward) *8*

**2. FULL NAME**

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred *25* yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Georgia Ann Smith*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 19, 1944*  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*88 10 27*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired Farmer*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Sullivan County, Missouri*

13. NAME *Meschach Smith*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

15. MAIDEN NAME *Adeline Winnie*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Carroll County, Missouri*

17. INFORMANT (ADDRESS) *Mrs. Wm. B. Smith, Wilton, Mo.*

18. BURIAL, CREMATION, OR REMOVAL *Oakwood Cem. Wilton, Mo.* DATE *Oct 19, 1933*

19. UNDERTAKER (ADDRESS) *C. A. Schoene, Wilton, Mo.*

20. FILED *10/29/33* *Mayne* Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 16, 1933*

22. I HEREBY CERTIFY, That I attended deceased from *Oct. 12, 1933* to *Oct. 16, 1933*

I last saw him alive on *Oct. 16, 1933*. Death is said to have occurred on the date stated above, at *2:00 p.m.*

The principal cause of death and related causes of importance were as follows:

*Prognosis from prostatic obstruction*

*107A 133B 137*

Other contributory causes of importance: *apparently terminal Bronchial pneumonia*

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) *J. S. Montgomery*, M. D.

(Address) *Wilton, Mo.*

Date of onset *Complete Oct. 12.*

*Oct. 14th*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUL 26 1951